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## APPLICANTS

Shashikanth Islloor, Karnataka, INDIA;  
 Shishir Bhand, Madhya Pradesh, INDIA;  
 Sunilendu Bhushan, Maharashtra, INDIA;  
 Rajiv Malik, Wein, AUSTRIA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IB03/02817 07/16/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

INDIA 753/DEL/2002 07/16/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

26815

## TITLE

Dispersible tablet for oral administration

FILING FEE RECEIVED 2980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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